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|--|-------------------------------------|---|------------------------|--|----------|---|--|--|--|--|--|
| Client No. 2036 | Client Name O H MATERIALS | Location 1004 OSWEGO ST. UTICA NY | Date 7/17/87 | | | | | | | | |
| Facility Equipment | Detax Clock | Weapon No. | Holster | Nightstick | Raincoat | Flashlight | Other TWO GATE KEYS - LOG BOOK - RADIO | | | | |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | | | Officer—Day Shift (Name) Brook Walker | | Officer—Swing Shift (Name) George Jan 8 | | Officer—Grave Shift (Name) Dick Hokuski | | | |
| Shift Began 8:00 AM-PM Ended 4 AM-PM | | | | Shift Began 4 AM-PM Ended 12M AM-PM | | | | Shift Began 12M AM-PM Ended 8 AM-PM | | | |
| Observations or actions taken | | | | Observations or actions taken | | | | Observations or actions taken | | | |
| Rounds or stations missed | | | | Rounds or stations missed | | | | Rounds or stations missed | | | |
| Unlocked doors, gates or windows | | | | Unlocked doors, gates or windows | | | | Unlocked doors, gates or windows | | | |
| Unlocked vaults or safes | | | | Unlocked vaults or safes | | | | Unlocked vaults or safes | | | |
| Fire-smoke-or hazards | | | | Fire-smoke-or hazards | | | | Fire-smoke-or hazards | | | |
| 1. Extinguishers missing or defective | | | | 1. Extinguishers missing or defective | | | | 1. Extinguishers missing or defective | | | |
| 2. Sprinkler system defective | | | | 2. Sprinkler system defective | | | | 2. Sprinkler system defective | | | |
| 3. Fire doors or exits blocked | | | | 3. Fire doors or exits blocked | | | | 3. Fire doors or exits blocked | | | |
| 4. Rubbish accumulation | | | | 4. Rubbish accumulation | | | | 4. Rubbish accumulation | | | |
| 5. Motors running | | | | 5. Motors running | | | | 5. Motors running | | | |
| 6. Lights left burning | | | | 6. Lights left burning | | | | 6. Lights left burning | | | |
| Injury hazards | | | | Injury hazards | | | | Injury hazards | | | |
| Visitors | | | | Visitors | | | | Visitors | | | |
| Trespassing | | | | Trespassing | | | | Trespassing | | | |
| Violation of company rules | | | | Violation of company rules | | | | Violation of company rules | | | |

Remarks **DANIFRIO (TAT), EDELMAN (OHM) ONSITE 2200 OF SITE 2220**

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

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|--|----------------------------|----|---------------------|----|----|-----|----|----|------------------------------|----|-----|---------------------|----|-----|----|----|------------------------------|------------|-----|----|---------------------|-----|----|----|--|--|
| 1. Were you injured during this tour? | Day Shift Yes No | 1. | Yes | No | 2. | Yes | No | 3. | Swing Shift Yes No | 1. | Yes | No | 2. | Yes | No | 3. | Grave Shift Yes No | 1. | Yes | No | 2. | Yes | No | 3. | | |
| 2. Did you suffer any illness? | Yes No | | Yes | No | | Yes | No | | Yes No | | Yes | No | | Yes | No | | Yes No | | Yes | No | | Yes | No | | | |
| 3. Have you reported all accidents coming to your attention? | Yes No | | Yes | No | | Yes | No | | Yes No | | Yes | No | | Yes | No | | Yes No | | Yes | No | | Yes | No | | | |
| Signatures | | 1. | Brook Walker | | | | | | Signatures | | 1. | George Jan 8 | | | | | | Signatures | | 1. | Dick Hokuski | | | | | |
| Signatures | | 2. | | | | | | | Signatures | | 2. | | | | | | | Signatures | | 2. | | | | | | |
| Signatures | | 3. | | | | | | | Signatures | | 3. | | | | | | | Signatures | | 3. | | | | | | |

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